



Public Forum Therapeutic Cannabis Dispensary Location



Tuesday, August 25, 2015, at 7:00 PM, in the Matthew Thornton Room

Nancy Harrington, Chairman, Town Council, opened the public forum at 7:00 p.m. In attendance were Jacob Leon, Director of Communications, Department of Health and Human Services (DHHS), Mary Castelli, Senior Division Director, Office of Operations Support, DHHS, John Martin, Manager, Bureau of Licensing & Certification, DHHS, Michael Holt, Rules Coordinator, DHHS, Rod Bascom, Supervisor, Health Facilities Administration, DHHS, Brett Sicklick, COO, Prime Alternative Treatment Center of New Hampshire (Prime ATC), Dr. Gilbert Fanciullo, Dartmouth Hitchcock / Medical Advisor to Prime ATC, Dr. Corey Burchman, Dartmouth Hitchcock / Medical Advisor to Prime ATC, and John Begin, Director of Security, Prime ATC.

Chairman Harrington stated the purpose of the forum was to provide information and receive public input regarding the Therapeutic Cannabis Dispensary proposed for Merrimack.

The Therapeutic Cannabis program is a Legislative initiative established by State Statute RSA 126-X, which is designed to provide relief to individuals with serious medical conditions by allowing them legal access to therapeutic cannabis. The law requires the DHHS to partner with the cities and towns in which an ATC is proposing to locate its operations in order to solicit input from the Town's residents as well as from potentially qualifying patients and designated caregivers.

Merrimack is the proposed location for the dispensary operations of a company called Prime ATC. Prime ATC is a vendor selected by the DHHS to operate in Geographic Area 2, which includes Merrimack and Hillsborough counties. Prime ATC's cultivation and manufacturing site has been proposed for Peterborough, which was the subject of a similar public input session in Peterborough last week.

Chairman Harrington stated the decision to legalize cannabis for therapeutic reasons has been determined by the New Hampshire Legislature. The purpose of the meeting was not to debate the relative merits of therapeutic cannabis or cannabis in general, but instead to learn more about the proposed dispensary in Merrimack from the DHHS and Prime ATC. She spoke of the Town Council and the Planning Board having already conducted meetings relative to zoning changes related to ATCs.

Chairman Harrington introduced Jacob Leon, Director of Communications, DHHS.

Mr. Leon stated the Legislature has directed the DHHS to implement the Therapeutic Cannabis Program, which includes establishing ATCs in the four geographic areas cross the State. In June, the DHHS selected three ATCs to begin identifying specific locations for their operations. The DHHS is partnering with the cities and towns where these operations have been proposed to solicit public input from residents, potentially qualifying patients, and designated caregivers.

Ms. Castelli stated the Therapeutic Cannabis Program was created by the Legislature, and DHHS is working closely with the Legislature as they implement the program. The Legislature created a Therapeutic Advisory Council, which includes a number of members of the Legislature, public, medical boards, and law enforcement. The DHHS has been working very closely with that Council as it moves forward.

1 The department's responsibilities in this area are to select the ATCs (have selected 3 for 4 regions) and
2 to maintain a registry of qualifying patients and designated caregivers. To become a qualifying patient
3 you must have a very serious medical condition specified by the Legislature and you must be certified
4 by a treating physician or treating APRN with whom you have a relationship of at least 3 months. The
5 designated caregiver is one who may be selected by a patient, and is also required to register with the
6 DHHS. These individuals go through a careful certification process. There is a set of rules that regulate
7 how that process is carried out.

8 The ATC is off limits to anyone but authorized individuals such as a designated caregiver or a
9 qualifying patient who has their card and has been identified to the ATC as assigned to that ATC.

10
11 Throughout the process, the DHHS has worked very carefully to develop a series of rules also for the
12 ATCs. They are quite regulated. There are some fairly stringent regulations regarding security and a
13 number of other programmatic requirements that they must carefully adhere to. They will be overseen
14 by the DHHS. The department will continually regulate them; visits, inspections, and working closely
15 with them to ensure the success of the program and full compliance with the requirements of law.

16
17 The actual ATCs themselves are also required by law to be very low-key, e.g., no flashy lights, a very
18 quiet exterior, etc. There are very strict limitations on any advertising that is permitted. Basically
19 advertising is not permitted, just information that is provided to the qualifying patients. The growing
20 cultivation site, which is not in Merrimack, and the dispensary site, which is proposed for Merrimack,
21 has very stringent security controls. There is a requirement that the ATC work very closely with the
22 Town's Police Chief.

23
24 Mr. Martin reiterated the only people who would be allowed in the ATCs are qualifying patients,
25 designated caregivers, and the actual employees of the ATC. They will all have identification cards.
26 However, the ATC and the DHHS will also have a database with all of the names. When an individual
27 enters and shows his/her card, the ATC will check the database to verify he/she is in fact a patient of that
28 ATC. Patients and caregivers can only choose one ATC. The DHHS has a comprehensive rule that
29 governs all of the operations of the ATCs; [He-C 402](#). He encouraged individuals to visit the website and
30 review the rules.

31
32 Mr. Brett Sicklick spoke of Prime ATC's willingness and need to be a part of the community, and their
33 interest in providing as much information as possible to ensure the public that this is not going to
34 detriment the quality of life the community has worked so hard to build and maintain. It was noted
35 Prime ATC has operated a facility in South Windsor, CT, a town very similar to Merrimack, for close to
36 a year, without an increase in the crime rate or incidents of diverted products getting into the hands of
37 children or showing up in local schools. It is just not happening. They attribute their success and ability
38 to avoid diverted products to education. Every patient that walks through their doors receives a one-on-
39 one consultation with a dispensary agent. During that consultation they review the program in general
40 and help the patient or designated caregiver understand the rules and regulations they must abide by in
41 order to be consistently enrolled in the program.

42
43 Mr. Sicklick remarked this is a natural medicine, a safer product than just about anything you might find
44 in your house including a pharmacy. They have found, by educating people responsibly, this has not
45 become a threat to the community. Mr. Sicklick reiterated Prime ATC wants to be a part of the
46 community and to do whatever they can to instill confidence and make everyone feel comfortable. He
47 stated Prime ATC is always available to attend meetings such as this and be a part of the community.

1 Mr. Sicklick provided a PowerPoint presentation (can be viewed [here](#)), which highlighted what the
2 treatment facility will resemble. He spoke of treating the facility like any other medical building in
3 terms of design. He showed the design of the facility in Connecticut. It was designed for patient
4 comfort understanding those that visit the facility are severely debilitated; over 50% of the patients that
5 access the dispensary on a daily basis are using some type of aid, e.g., walker, wheelchair, etc.
6

7 It was noted visitors must utilize the secure entrance. The entrance is equipped with a call box, security
8 camera, and a security window. Credentials (2 forms of I.D.) are checked and referenced against the
9 current list of patients registered to the facility. The product is dispensed in a childproof, opaque bottle
10 that cannot be seen through. During business hours and overnight, the medication is stored in alarmed
11 vaults.
12

13 *The floor was opened for public comment from residents of Merrimack at 7:21 p.m.*
14

15 Bill Boyd, Town Council
16

17 Stated Title 21 Code of Federal Regulations, 1300 specifically recognizes marijuana as a Schedule 1
18 substance meaning it has no medicinal value. He questioned if the State has looked at that as it relates to
19 their rules. Ms. Castelli responded the product is called therapeutic because it is not considered a legal
20 medicine. It is illegal federally, yet the experience across the country (NH is the 23rd state), has shown
21 that there has been a therapeutic benefit particularly for certain conditions. The Legislature engaged in a
22 policy discussion about that, and determined they would make this possible therapeutic alternative
23 available to patients who then have to work with their physicians to be certified as having these
24 conditions. Some states are ahead of New Hampshire and have found there may be some conditions that
25 benefit from it. For certain pain relief, where morphine can be very overwhelming, cannabis can help to
26 relieve the pain without totally affecting the individual. She stated the Legislature considered those
27 ideas very much, looked at other states, and determined which limited conditions they would approve
28 the use of this therapeutic alternative for.
29

30 Councilor Boyd noted Section He-C 401.06 specifically provides for Physicians and Nurse Practitioners
31 to dispense, but absent in that conversation is Physician Assistants, who are also a mid-level practitioner.
32

33 Councilor Boyd noted Nurse Practitioners are only allowed to dispense Schedule 2 through Schedule 5
34 drugs in the State of New Hampshire. You have Nurse Practitioners, Physician Assistants, and
35 Naturopathic Doctors that they consider mid-level that dispense. He interprets that as exclusion for
36 them to be able to dispense marijuana because the Federal Government has recognized it as a Schedule 1
37 drug. He questioned if the State would be adding clarity that would allow Nurse Practitioners and
38 Physicians in the State, from a paper perspective, to be able to legally prescribe and dispense the
39 therapeutic cannabis.
40

41 Ms. Castelli responded because cannabis is illegal federally, the Physician or APRN does not dispense
42 or prescribe. What they do is certify. They certify the patient with whom they have a relationship of at
43 least 3 months, as having one of the conditions plus one of the designated symptoms. In New
44 Hampshire, it is limited condition plus a symptom. The way our State, as others have, addresses that
45 issue of Federal prohibition is they are not prescribing they are certifying the patient.
46

47 Councilor Boyd questioned why Physician Assistants are excluded from the set of rules. Ms. Castelli
48 stated her belief New Hampshire simply started with a little bit more of a limited approach; with the
49 Physician and the APRN. Councilor Boyd commented Physician Assistants is one of the growing

1 practices in the State. Mr. Holt remarked the department's rules follow the law, which allows
2 Physicians and APRNs to certify a condition. There was a Bill introduced this past session that would
3 have allowed Physician Assistants to participate in this program as well. It did not make it out of the
4 House Health and Human Services and Education Committee. The recommendation was to ITL it
5 (Inexpedient to Legislate).

6
7 Councilor Boyd noted He-C 401.9 speaks of severely debilitating or terminal medical conditions that are
8 not listed as a qualifying medical condition. He questioned if the DHHS has a process in place by which
9 they are able to define whether or not a condition is "medically necessary" for the department to be able
10 to issue the medical I.D. card to either the provider or their proxy.

11
12 Ms. Castelli responded the way the department has responded to that situation is they carefully follow
13 first the Statute that says what qualifying conditions are and the symptoms that would be necessary to
14 also have (condition plus symptom). They have created a series of rules. In addition to that they have
15 created a form that has to be filled out by the certifying physician who is certifying that the patient has
16 the particular condition and the particular symptom(s). The patient will also be providing certain
17 required information that identifies them as a citizen of New Hampshire. That information will be
18 reviewed to ensure its validity. The card would then be issued. It is the doctor that makes the
19 certification.

20
21 Councilor Boyd requested clarification the administrative process is specifically from a background and
22 application point of view and not necessarily clinical. Ms. Castelli stated that to be correct. She
23 remarked the department does not step into the clinicians shoes. There is a relationship between the
24 patient and their treating physician. That is the process which is created to provide information that is
25 then provided to the department where it is reviewed for its accuracy, completeness, etc. If something
26 irregular causes concern they will follow up on that.

27
28 Councilor Boyd noted language that says anything that is not clearly defined or "one or more injuries
29 that significantly interferes with daily activities as documented by the patient's provider", which is kind
30 of an all-encompassing kind of language. Ms. Castelli agreed that is a bit broad, but the form requires
31 the physician to specify what those additional circumstances are.

32
33 Councilor Boyd noted He-C 402.25 provides HIPAA language for the ATC, but in Section 401.15 it
34 does not.

35 Ms. Castelli responded the department is required to comply with the law, and there is language in the
36 Statute that indicates that treatment information is to be treated as HIPAA information with all the
37 securities that provides. She also noted the rules are aimed outward.

38
39 Keith Saunders, part-time resident of New Hampshire

40
41 Stated it is known cannabis is a safe and effective medicine. It is understandably coming from a
42 position of prohibition with excessive regulation upon it. He questioned the number of jobs that would
43 come to Merrimack as a result of the ATC being located here. Mr. Sicklick responded, at the height of
44 business, the anticipation is employing about 10 individuals.

1 Donald Deberadinis, 2 Acacia Street

2
3 Questioned if Prime ATC has a license to dispense, and was informed they do. When asked about the
4 type of corporation, Mr. Sicklick stated it is a non-profit. There is an LLC. Ms. Castelli added New
5 Hampshire's requirements regarding the business structure is that it is a charitable non-profit, and
6 registered with the New Hampshire Charitable Bureau in addition to being a non-profit. Mr.
7 Deberadinis commented the DHHS must have spent a good deal of time selecting the final three
8 companies that are supporting New Hampshire, and questioned how long Prime ATC has been in
9 business. Mr. Sicklick responded they have been operating the facility in Connecticut for about a year.
10 When asked if they are in any other state, Mr. Sicklick stated he personally worked in Colorado for six
11 years before moving back to work with Prime Wellness in Connecticut for the past year.

12
13 Mr. Deberadinis reiterated Prime ATC has been in business in other locations for a year. He questioned
14 how long it has been in business in New Hampshire, and was informed they have not been in business at
15 all. The license was received a few months back.

16
17 Mr. Deberadinis questioned if the individuals representing Prime ATC (present at the meeting) are board
18 members. Mr. Sicklick responded two are. When asked if any board members have had experiences in
19 opening up dispensaries in other states, Mr. Sicklick stated the two present have not, but others have.
20 Mr. Deberadinis questioned if the name John Glowik means anything. Mr. Sicklick responded "of
21 course, absolutely." When asked if he is involved in the Prime ATC that will be in Merrimack, he stated
22 he is. When asked if it is true that he applied for two licenses under the JCS holding company in
23 Massachusetts and was denied twice Mr. Sicklick responded "no actually, so JCS holdings was another
24 individual that applied for a license. He had asked our organization in his second stage of going for a
25 license, to come on board and assist with that process. Unfortunately, he was disqualified because of
26 issues that happened before we were ever involved with that company."

27
28 Mr. Deberadinis questioned if another company, Prime ATC, filed in Massachusetts on April 29th,
29 already has two other applications into the State to be a dispensary. Mr. Sicklick stated they applied for
30 the first round in Massachusetts and have done so again this year as well. They would like to open
31 dispensaries in Massachusetts as well. Mr. Deberadinis questioned if there are any connections between
32 Prime ATC in serving Merrimack and Haven Center. Mr. Sicklick responded "No there are not;
33 absolutely not." Mr. Deberadinis commented it comes across via the internet; State filings and the like
34 and filings that were made on John Glowik's handwriting that can be copied off the internet, that it
35 seems to be if it couldn't be done in Massachusetts this way because you have to have a dispensary
36 before you can have a production station. He commented it does not make him comfortable when there
37 are board members involved in other companies either before or after Prime ATC that serves Merrimack
38 that faulted in their applications for whatever reason. He asked "Is John Glowik part of Prime ATC that
39 serves Merrimack?" Mr. Sicklick responded "Absolutely, and he was also a part of Prime Wellness,
40 which was successful in obtaining a license in the State of Connecticut." When asked who is the head of
41 Prime ATC in New Hampshire (signed the LLC), Mr. Sicklick responded "John Glowik did."

42
43 When asked how the name Prime ATC was made available to Mr. Glowik to LLC, Mr. Sicklick
44 responded it is a brand new LLC. There was nobody with a pre-existing business with that name. Mr.
45 Deberadinis remarked it was never reserved by anyone? Mr. Sicklick responded "Not that I am aware
46 of, no." Mr. Deberadinis suggested he might want to check to make sure the name was not reserved.

47
48 Mr. Deberadinis stated "12-24-14 Donald C. Crandlemire, Director of Shaheen & Gordon, filed for the
49 reserve of the name Prime ATC. Mr. Sicklick responded "He is our legal representative." Mr.

1 Deberadinis continued; on January 8th John Glowik put in the application for the LLC. On January 15th
2 Shaheen & Gordon transferred the name to Mr. Glowik. So yes the name was reserved, yes it was
3 transferred to Mr. Glowik. He questioned who picked Mr. Glowik to run Prime in terms of being the
4 head where it was already proven in 2014 he tried to apply twice and didn't get approved. Mr. Sicklick
5 stated he was a part of that organization as well. He stated his belief anyone present who is familiar
6 with the process in Massachusetts can understand that there were serious issues as to why. They had
7 just opened up a dispensary for the first time within the past couple of months after having a program on
8 a similar timeline as Connecticut. Many of the news outlets, Boston Globe specifically, identified all of
9 the issues that were surrounding that whole process. He stated his belief there is no question there were
10 serious red flags. Because they were not awarded a license in the State of Massachusetts he does not
11 believe has any....

12
13 Mr. Deberadinis interrupted by stating post dated November 8th by the Cape Cod Times; JCS holdings
14 John Glowik, was denied their application for a medical marijuana dispensary because the group lacked
15 required cash and mislead the state regarding its control of the target site. Mr. Sicklick responded
16 "Again, that was something that occurred before they were ever involved with that company." Mr.
17 Deberadinis remarked but he was involved with that to an extent. So he is involved with this to an
18 extent.

19
20 Mr. Sicklick stated he is directly involved with this to which Mr. Deberadinis responded that is why he
21 is not comfortable with this.

22
23 *The floor was opened for potentially qualifying patients and designated caregivers at 7:41 p.m.*

24
25 *No one indicated a desire to speak.*

26
27 *The floor was opened to the general public at 7:42 p.m.*

28
29 Roger Tilton

30
31 Commented although not a Merrimack resident, he does reside within the 11th New Hampshire State
32 Senate District, which includes Milford, Wilton, and Amherst.

33
34 Mr. Tilton stated the desire to address the voters and residents of Merrimack and the community, and
35 tell his personal story. He moved here about 12 years ago from Seattle where he still works. He travels
36 to Seattle about once a month. For the past 38 years he has spent a lot of time in the State of
37 Washington. He has seen what has happened since the State of Washington took the step to stop
38 arresting people for marijuana and then to change the law to allow medical marijuana, and then in 2012
39 the voters voted to allow anybody 21 or over to buy marijuana like they buy alcohol. That was two
40 years ago. In those two years he has seen what has happened; nothing changed, except they don't have a
41 lot of marijuana arrests in Washington, they don't have a lot of criminals or District Attorneys charging
42 people for having a small amount of marijuana. They are not ruining people's lives in Washington and
43 Colorado because some 18 or 19 year old got caught.

44
45 He remarked the world is not going to change if there is a dispensary in Merrimack. He spoke of the
46 revenue that is being generated by legal, regulated, taxed marijuana. He reiterated there are fewer
47 people in jail, fewer drug busts, fewer court costs, etc. California legalized medical marijuana in 1996.
48 That is almost 20 years ago. There is something like 1,100 or 1,200 marijuana dispensaries just in the
49 L.A. region, and we are talking about 1 in Merrimack, 4 in the State.

1
2 Costco is from Seattle and they announced over the weekend that they are going to start selling cannabis
3 in bulk.

4
5 Mr. Tilton remarked another thing he is disappointed about with what is going on here is you can only
6 go to the dispensary if you have one of four life-ending or debilitating diseases. He stated the need for
7 legal cannabis for our veterans who suffer from PTSD noting cannabis is one of the best medicines for
8 PTSD. He remarked he has seen it first-hand and has lived with this for the past 40 years, and there is
9 nothing to be afraid of.

10
11 Ms. Castelli remarked it is a legislative policy decision as to how cannabis is to be handled in the State.
12 It is DHHS' role to carry out the implementation and to follow the law. They are carefully following the
13 guidance and direction of the law. There are approximately 12 serious medical conditions that the
14 Legislature has identified as qualifying conditions.

15
16 Mr. Martin added he believes what the Legislature has done, very wisely, is started this program small.
17 It is a brand new program for New Hampshire. We don't know exactly what to expect. It is easier to
18 expand a program than to contract one. Starting with the parameters that it has with the idea that the
19 Legislature can expand it, if there is a need for that, he believes was a wise way to go. Ms. Castelli
20 remarked the Therapeutic Advisory Council is overseeing this program, and can give consideration to
21 whether or not there is the need to do something a little differently.

22
23 Elaine Batchelder, 17 Bigwood Drive

24
25 She is not opposed to what is being proposed; she is opposed to it being in Merrimack. She believes a
26 better location would be Nashua, Manchester, or Concord. She spoke of the lack of public
27 transportation and comments made earlier regarding 50% of the people who will utilize the facility
28 having mobility issues. The facility should be made accessible; not placed in a town that does not have
29 a downtown. Merrimack has storefronts and strip malls, which, in her opinion, are not proper locations.
30 Ms. Castelli noted the Legislature asked the DHHS to consider geographic diversity so that the
31 convenience of patients across the State could be assured. You cannot assure the convenience of any
32 one person; there are only four areas for the entire State. No particular location is going to be perfect.
33 Prime ATC worked very carefully in reviewing Merrimack before it made its selection.

34
35 Mr. Sicklick remarked they chose Merrimack strictly for patient access. Merrimack is the most
36 centralized to the region they will be serving. He stated an understanding of the point made regarding
37 public transportation, and noted designated caregivers can either acquire the medicine for patients or
38 help transport patients to the facility.

39
40 Suzann Kandt, Wilton

41
42 Stated she has become more involved in drug policy reform over the past five years, and gained an
43 awareness of the different medical benefits of cannabis. She commented on remarks made regarding
44 keeping the medication away from children, and spoke of friends who live in Colorado, Washington,
45 and Oregon, and have children who benefit from CBD oil. CBD oil is a form of extracted cannabis that
46 has low THC, which is the part that gets you high. It is CBD components that are really amazing for
47 kids with epilepsy, seizures, and that sort of thing. She questioned if CBD only products would be
48 offered at the dispensary. Mr. Sicklick stated roughly 75% of the products that would be made available
49 would be non-psychoactive, whether that is because they have CBD dominant products or topical

1 products. He noted when speaking about keeping children from gaining access to the product he was
2 referring to children who would not qualify for the program.

3
4 Ms. Castelli stated a minor can become a qualifying patient. However, there is the extra requirement
5 that two physicians certify the child and the parent or guardian must be the designated caregiver. It
6 would have to be a treating Physician and a Pediatrician certifying that the child has the condition, and it
7 would be a conversation between those physicians and the parent.

8
9 Lisa Withrow, Nurse Practitioner / Owner, Palliativity Medical Group in Bedford, and a resident of
10 Manchester

11
12 Stated she is a Palliative Care Nurse Practitioner, which means all of her patients have serious and life-
13 threatening illnesses. Many could benefit from therapeutic use of cannabis, many are now, but they
14 don't have the legal protection yet.

15
16 Speaking to the question that was raised regarding Physician Assistants not being able to prescribe, she
17 stated it is within their State scope of practice that they require supervision from a Physician. Otherwise
18 Nurse Practitioners and Physician Assistants practice pretty much the same except in the State of New
19 Hampshire where Nurse Practitioners are able to practice autonomously.

20
21 Ms. Withrow stated she is very happy to hear this is coming. She remarked it has been a long time
22 coming. It does need to be regulated. She stated it is much more difficult for one of her patients who is
23 in the targeted patient population, to get therapeutic cannabis than it is for her to write a prescription out
24 for Oxycodone, Morphine, Dilaudid, or any other controlled substance.

25
26 Ms. Withrow spoke of ATC agents who the qualified patients will be going to, and questioned their
27 qualifications. That person assesses what they are certified for and their symptoms and they decide
28 which of the many different types of marijuana is best for them and how much they get. She questioned
29 the kind of training the agents receive and what their background would be.

30
31 Dr. Gilbert Fanciullo responded he is board certified in anaesthesiology, pain management, and hospice
32 and palliative medicine. He has been practicing in the State for almost 20 years. He founded the
33 Palliative Medicine service at Dartmouth Hitchcock and runs the pain clinic. He stated the desire to
34 make clear what his comments reflect his views and not the views of Dartmouth Hitchcock.

35
36 He spoke of a conference held in Hanover in November called the International Symposium on
37 Cannabis. The purpose of that symposium was to train providers. He spoke of having been on the
38 Medical Marijuana Committee in the State of Vermont before they authorized cannabis, and noted one
39 of the things learned from some of the dispensary owners in the state of Vermont is there is a level of
40 discomfort with the fact that you and I are pretty ignorant about how to recommend cannabis. There is
41 the desire to really educate the providers in our State who are going to be recommending these drugs.
42 They will know the difference between CBD and THC and they are going to know that they can take a
43 2-1 ratio CBD to TC lozenge; they will not get high from it, and it will help with their pain, and they
44 will know what the evidence is to support the use of these drugs and what the potential side effects are.
45 He reiterated it will be a process of educating his colleagues in the State, and to educate those
46 individuals who will be working in the dispensaries who are going to meet with every patient that gets
47 certified and talk to them about the types of drugs that they are going to be receiving or that they have
48 access to. He looked to Mr. Sicklick when stating he is not aware what the specific education
49 background is of those that work in the dispensary.

1
2 Mr. Sicklick responded there are significant clinical studies that exist and have been conducted in the
3 U.S. as well as other countries around the world relative to using cannabis for a multitude of maladies as
4 well as symptoms. It is really training from that perspective. There is also a lot of significant data that
5 has been collected from the experience in Connecticut that will be incorporated into the training module
6 for the facility just because many of the products that are available there will also be available in New
7 Hampshire. The biggest Physician fear is how I recommend a dose; I know I am qualifying a patient for
8 the program, but once they get to the facility where they will be acquiring the medication whose
9 responsibility is it then to assure that patient receives the right product. He stated their purpose is to
10 educate the patient, the designated caregiver, and the medical community what an appropriate dosage is
11 per individual. There is no question it is a work in progress, and that is what they will train their staff to
12 understand. It is not a race to the top as far as finding the highest dosage; it is working closely with that
13 patient to understand what is appropriate for them, what is providing the relief and not providing the
14 negative side effects to ensure that everyone is getting the most benefit from it. There is absolutely
15 significant training that will occur and of a very high level.

16
17 Dr. Corey Burchman prefaced his remarks by stating he too is a faculty member of Dartmouth; however,
18 he speaks as a private practitioner and not as a representative of that medical center. He commented Dr.
19 Fanciullo was being a little modest; between the two of them they have almost 75 years of collective
20 experience in dealing with pain management. He is also an anesthesiologist. He commented they are
21 very fortunate; within their group they are among the top authorities, certainly in the State, on the
22 medical use of cannabis. They have a very strong focus towards education. The symposium they put on
23 last year was very well attended by physicians and Allied medical practitioners in this State. They are
24 dedicated and very significantly invested in educating their peers. They believe that to be the best way
25 to convince the public we are really talking about medicine.

26
27 The endocannabinoid system, which is what it is called, is every bit as sophisticated as the narcotic
28 system that the body has. Dr. Burchman stated we are not talking about pot here; these are not stoners
29 that we are going to be taking care of. This is real medicine and as Mr. Sicklick alluded to, most of it is
30 not of the component that gets people stoned. In any given strain of cannabis there may be 50 different
31 molecules that are pharmaceuticals that have very good activity and it is to the credit of the State health
32 administrators that they are finally bringing this State into what he would consider the 21st Century.

33
34 Tom Koenig, Town Council

35
36 Stated his attendance was as resident of Merrimack. He commented he has been listening to the
37 discussion, and was somewhat amazed at the acronyms. He believes a lot of the public, including him,
38 are not well versed in the use of cannabis therapeutically or otherwise. He requested those addressing
39 the public be careful to help the public to understand what is being discussed. He questioned the form
40 factor of what would be distributed; cannabis that you roll up in a paper and smoke in a joint like
41 everybody thinks when they hear about marijuana dispensaries or is it pills processed down to the point
42 where it becomes something that looks like an Advil. He reiterated a large segment of the public is not
43 clear on what it is that will actually be provided and how it is consumed and used.

44
45 Dr. Fanciullo responded the forms of administration are really all of the things that were alluded to.
46 There are salves or creams, there are tinctures, which is basically a concentrated version of cannabinoids
47 that you can put on your tongue and will be absorbed with a drop or two.

1 Dr. Burchman noted cannabinoids is a medical term for molecules that act in the body that are produced
2 by a marijuana plant. Cannabinoids is like saying anti-inflammatory drugs. If you went into a drug
3 store and said I want anti-inflammatory drugs you can go down an aisle and find there are 50 different
4 kinds. It was a term made up by a pharmacologist who studies marijuana plants and found out that there
5 were 50-110 different compounds in a marijuana plant that have actions on the body. That is what the
6 family of cannabinoids means.

7 Dr. Fanciullo continued there will be all of these different forms of the drug. The most common
8 cannabinoid is THC. THC is the psychoactive cannabinoid in marijuana. If you go to California you
9 can buy cannabis that has 18% THC, which is a very high percentage of THC. When he was in high
10 school and people smoked marijuana the percentage of THC might have been 2%. What has been
11 realized is that it is probably a combination of THC plus other cannabinoids that actually provide the
12 therapeutic value to the drug. The second most common cannabinoid is a drug called CBD, cannabidiol,
13 and as the CBD concentration goes up the THC concentration goes down. He commented it is pretty
14 easy for Mr. Sicklick, who is a very sophisticated horticulturist and chemist, to produce a strain that is
15 high in CBD and low in THC. They will have a mixture of drugs that will help our patients get pain
16 relief but are not going to get them high.

17
18 Dr. Burchman remarked there are plants that have very little THC, e.g., Hemp, which was an
19 agricultural crop in America for almost a century. That had no THC in it, but it is a member of the
20 marijuana family. Cultivators are pretty sophisticated now and can grow marijuana that has virtually no
21 THC, but has other components like CBD, which happens to be a very effective anti-seizure medicine
22 that is used in Europe extensively. It is an actual pill you can go to a drug store and buy. There are a
23 host of cannabinoids that have activities that we can use to help patients.

24
25 Ms. Castelli commented representatives from the DHHS took a tour of the dispensary and cultivation
26 site in Connecticut. One of the things that were interesting to observe was the increased use of the
27 patches you put on your body that administer the medication into the body. That is an increasingly
28 frequent use as opposed to smoking.

29
30 Mr. Sicklick commented most of the products that will be made available in New Hampshire will look
31 like any other traditional pharmaceutical product. Yes, there will be cannabis flowers, which someone
32 could vaporize or smoke if they chose to, but really the other form factors will be capsules, transdermal
33 patches, salves, things that individuals are familiar with that won't be really cumbersome for them to
34 start to incorporate. It will be just like any other medication they might take. He reiterated the role of
35 Prime ATC to educate the community. He stated a willingness to hold public forums to bring people up
36 to speed on terms like cannabinoids, THC, CBD, some of this vernacular being used so that people feel
37 comfortable, and to help break down some of the barriers that may be preventing people from feeling
38 more comfortable with this being a medicine. They would love to provide that to Merrimack or any
39 other community as they lead up to dispensing product over the course of the next 6 months or so.

40
41 Mr. Begin stated he has 25 years of law enforcement experience from New Hampshire, was born and
42 raised in New Hampshire, and is a New Hampshire resident. He retired last October from the State
43 Police where he was a Troop Commander. He has a heavy background in regulatory compliance. When
44 he retired, this was not the retirement job he had envisioned. He commented he has not been as excited
45 about a job opportunity as he is about this one. He got into law enforcement because he wanted to help
46 people. It was time for him to change, and he wanted to do something in a second career. When this
47 was presented to him, he basically reached the end of the internet researching this and came back again.
48 He reached out to a lot of people he knows who have been affected by these types of medical conditions,
49 and the overwhelming theme is basically compassion for our fellow human beings who are suffering

1 right now who have a condition they are not getting any type of relief from through traditional methods
2 or the medical risks associated with the common prescriptions and the common available treatments
3 were way out of whack with what the potential benefits were.
4

5 Having been in law enforcement he is aware there is an epidemic in the State of opioid abuse, and
6 translating probably directly to heroin. This he sees as a compassionate alternative for people who
7 suffer from their ailments to get relief with much less risk than what is associated with the traditional
8 methods.
9

10 What he can bring to this operation is assurance that they will do everything required from a security
11 standpoint. He spoke of the importance of addressing diversion, not only from external sources but from
12 internal sources. It is important to put in place proper hiring practices, proper oversight, etc. There is
13 more security involved in this program than he would bet you would see in any other industry in the
14 State. He remarked the only regret he has is that this did not happen a year sooner for those who are
15 suffering. He stated the security design for the facility is well thought out. The rules state what has to
16 be in place as a minimum, and the facility will far exceed those requirements. They are able to provide
17 security that is layered with redundancy, but isn't demonstrative and in your face. The building, as you
18 drive by, will look like any other building. From an insider's view, the layers of security that you get
19 through will be hidden, but present. There will be security staff onsite. He stated the security will be
20 beyond reproach.

21 Dr. Fanciullo commented he believes the State of New Hampshire is fantastic in allowing for these
22 offices to be opened. He believes the State has been criticized because it should have been a year ago, it
23 should have been two years ago. There is not yet medical cannabis in the State of New York, which is
24 one of the places people think are forward thinking. The people in New Hampshire have been very
25 thoughtful about creating the rules. He commented the DHHS has been terrific with Prime ATC as have
26 the people of Merrimack. He spoke of having experience in the State of Vermont so adjoining states can
27 certify patients for medical cannabis in the State of Vermont. He remarked the patients he treats have
28 responded positively to cannabis. He provided the example of 75-year-old patients that he talks to about
29 cannabis and that he almost has to smirk a little bit because it makes him feel so odd to have to do it, but
30 the fact of the matter is it is so useful for them. He spoke of patients coming off of opioids.
31

32 Dr. Fanciullo commented if anyone wonders about the scientific data supporting the use of cannabis,
33 there is no question that the scientific data for chronic pain supports the use of cannabis, more so than
34 Zohydro, Oxycodone, etc. The drug is so much safer. It gives him the opportunity to offer something to
35 his patients that he didn't have in the State of Vermont and it gives him the opportunity to offer
36 something to his patients in the State of New Hampshire that is actually quite remarkable for a lot of the
37 patients.
38

39 In the states that have medical cannabis, it has been shown there is a 25% reduction in chronic opioid
40 deaths. In the State of New Hampshire, there are over 400 deaths a year. Really what we are talking
41 about is almost 100 lives being saved just by the introduction of medical cannabis in the State.
42

43 Jay Snell 44

45 Stated he has been on opioids for over two years, and it is a living hell. He can tell half an hour before
46 he is due for his next medication. Marijuana is not anything like that. He can smoke a joint, make
47 butter, eat it, and he gets pain relief the same as he does with the opioids, but he doesn't have any of the
48 withdrawal symptoms.
49

1 Dennis Acton, Fremont

2
3 Stated he is a Veteran and a cancer survivor. More recently he was diagnosed with an aggressive form
4 of Glaucoma, which is rapidly causing blindness. He is looking forward to seeing if he can become a
5 patient in the future. He spoke of a group called Patient Caregiver Alliance of New Hampshire, which
6 plans to work cooperatively with the stakeholders of this program to make sure the program roll out
7 succeeds and that the program, in the long term, accomplishes all of the goals that are laid out for it.
8

9 He thanked the DHHS. He remarked he is probably not the only fiscal conservative in the room. He
10 noted the bill was not given a budget so they had to go ahead and do this work with no budget line item
11 to bill against so they did nights and weekends and have been in each corner of the State over the past
12 two weeks conducting these public forums. They are really working hard to get this done, driven by
13 compassion for sick people, which is the driving force for all of us. Addressing the representatives from
14 Prime ATC, he remarked he is sorry about the line of questioning earlier if it in any way impugned their
15 character. He is familiar with what happened in Massachusetts, and it was an absolute fiasco created by
16 poor government program rollout. To say it impugned their character and integrity in any way based on
17 what happened in Massachusetts is wrong, and he apologized that even happened.
18

19 Addressing those representing the medical and security aspects of the program, he stated his awareness
20 it takes courage to come out and support this program. He commented on having done a 30 second
21 commercial on WMUR urging then Governor Lynch to do that, and that created a lot of consternation,
22 was an embarrassment for his wife, etc. He spoke of having been involved through the entire process of
23 trying to pass the legislation. We are finally here, and we to get this done. He believes the program is
24 one of the strongest in the country, and that it will be successful.
25

26 Mark Doyle, Police Chief

27
28 Thanked the folks at the DHHS for putting the public forum together. It sets the stage for the level of
29 communication we want to have. He commented Mr. Sicklick hit it on the head when talking about
30 safeguarding the quality of life those in Merrimack have worked very hard for and want to safeguard.
31 There are a lot of interested invested people, a lot of stakeholders in attendance that want to make sure
32 that what it is they do from perspective of setting up your entity here in Town is done so in a way that is
33 not only in accordance with the DHHS but does just that; safeguards the quality of life that we want to
34 maintain.
35

36 The unknown is exactly that, the unknown. We don't know what will happen 5 years down the road.
37 From the Police Department's perspective, when we talk about quality of life we just can't put a finger
38 on that. We don't know what the Legislature may do as a result of expanding therapeutic cannabis, but
39 we do have a real concern about what happens later. Does this lead down that slippery slope to
40 recreational use of marijuana, which opens the door for a whole other litany of issues? Those are the
41 kinds of things that we have to be cognizant of and aware of as we move forward. He is looking
42 forward to working with John Begin and Brett Sicklick and the folks on the staff and board of directors.
43

44 Chief Doyle remarked a member of his staff is planning on taking a field trip to South Windsor to talk to
45 the Chief of Police down there and possibly the Town Manager, and view and walk the site itself. There
46 are some things they need to know, some of the questions they have about what happens after you open
47 your doors here, and the only antidotal evidence they can get is from their experience down there. By
48 all accounts, up to this point, things have been working out well. It seems like the relationship that has
49 been established in South Windsor is one Merrimack would look forward to having.

1
2 He believes it important for folks to know where the Police Department stands, where he stands,
3 notwithstanding what his personal opinion is and not withstanding what the Chief of Police Associations
4 has on their agenda. This goes deeper than that, and the folks in this Town have to know that the
5 department stands to make sure that whatever it is that happens is done in accordance with the quality of
6 life that we have worked so hard to safeguard here in this Town, and that we will continue to do so. If
7 that means working very hard and diligently with you folks and your team and John, from a security
8 perspective, then you can rest assured it is going to.

9
10 Ms. Castelli stated the Legislature will be overseeing this, and as part of the legislation, in five years,
11 they are going to look at the program; whether it has been successful or not, and make a decision about
12 its continuation. The DHHS will be working very closely with law enforcement and the ATCs. There is
13 every reason to expect the program will be successful.

14
15 *The Public Forum concluded at 8:26 p.m.*

16
17 Submitted by Dawn MacMillan
18

DRAFT